TRANSMITT FORM (to be used for all correspondence) Total Number of Pages in This Sub	after initial filing)	s are required to respond to a Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	March Frank 1655 Qiuwei	10, 2006 Theobald
X Fee Transmittal Form X Fee Attached X Amendment/Reply X After Final Affidavits/declaration Extension of Time Requestion Express Abandonment Re Information Disclosure State Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing P under 37 CFR 1.52	en(s) quest lement Remar	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	e Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter X Other Enclosure(s) (please Identify below): return postcard receipt
Firm Name D. Peter Hoc Signature Printed name D. Peter Hoc Date	hberg Co., L.P.A	A.	Reg. No.	24,603

Typed or printed name

Sean F. Mellino

Date 10/14/2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. 6 the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/571,414 Application Number March 10, 2006 Filing Date For FY 2008 First Named Inventor Frank Theobald **Examiner Name** Qiuwen Mi Applicant claims small entity status. See 37 CFR 1.27 1655 Art Unit TOTAL AMOUNT OF PAYMENT 130.00 RO4209US (#90568) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check X Credit Card L → Money Order | None Other (please identify): X Deposit Account Deposit Account Number:_ 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES 2.

57,070 7 1210, 02.	FILING	FILING FEES		SEARCH FEES		TION FEES	
Application Type	<u>Fee (\$)</u>	Small Entity Fee (\$)	<u>Fee (\$)</u>	Small Entity Fee (\$)	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
EXCESS CLAIM FE Fee Description Each claim over 20		(eissues)				<u>Fee (\$)</u> 50	Small Entity Fee (\$) 25

Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 210 105 370 185 Multiple dependent claims **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) _ - 3 or HP =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof

- 100 = _ (round up to a whole number) x <u>270.</u>00 0.00

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): 1-month extension of time

130.00

SUBMITTED BY				
Signature	D. toll	Registration No. (Attorney/Agent) 24,603	Telephone	216-771-3800
Name (Print/Type)	D. Peter Hochberg		Date &	John 14,200

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-07)

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Approved for use through 06/30/2010. OMB 0651-0032 OCT 1 6 2008 Under the Paperway/Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/571,414 Application Number TRANSMITTA Filing Date March 10, 2006 For FY 2008 Frank Theobald First Named Inventor **Examiner Name** Oiuwen Mi Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1655 130.00 TOTAL AMOUNT OF PAYMENT RO4209US (#90568) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify): 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A. X Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 310 210 105 Utility 155 510 255 Design 210 105 100 50 130 65 160 Plant 210 105 310 80 155 620 Reissue 310 510 255 310 155 **Provisional** 210 0 0 0 105 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description

50 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 210 370 Multiple dependent claims **Multiple Dependent Claims Total Claims** Fee (\$) Fee Paid (\$) Fee (\$) - 20 or HP =

HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee (\$) Fee Paid (\$)

- 3 or HP = HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets**

(round up to a whole number) x

Fee (\$) Fee Paid (\$) 0.00

105

185

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1-month extension of time

130.00

Fees Paid (\$)

SUBMITTED BY					·
Signature	D. Holls	Registration No. (Attorney/Agent)	24,603	Telephone	216-771-3800
Name (Print/Type)	D. Peter Hochberg			Date 0	Johan (4, 2008)

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